4								Application or Docket Number					
	PATENT	RD											
Effective October 1, 2003								10766392					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE C			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			26				Γ	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			26 min	nus 20=	· 6		Ī	XS 9=		OR	X\$18=	108	
INDEPENDENT CLAIMS			*^	inus 3 =	· Ø	· Ø		X43=		1	X86=	א טו	
MULTIPLE DEPENDENT CLAIM P							ŀ		·	OR			
_	M - 4:66	in naturna 1 in	loca the course series *O! in column 0				L	+145=		OŖ	+290=		
* If the difference in column 1 is less than zero, enter "0" in						zolumn 2		TOTAL	L	OR	TOTAL	849	
CLAIMS AS AMENDED - PART II 9-24-09 (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL I			
广	-1-1	CLAIMS		HIGHEST			Γ		ADDI-			ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	. 22	Minus	2	4	=		X\$ 9=		OR	X\$18=		
	Independent	• 3	Minus	*** 3	3	= / .	İ	X43=		OR	X86=		
٢	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM		 	+145=			+290=		
							L	+145=		OR	TOTAL	/	
							A	DDIT. FEE		OR	ADDIT. FEE		
		(Column 1) CLAIMS		(Colun		(Column 3)	-			1	1	100:	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF ML	JLTIPLE DEF	PUDENT	CLAIM			+145=		OR	+290=		
							<u>-</u> -	TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)									. ,			
	`	CLAIMS	·	HIGH	EST		Г		ADDI-	1		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	, 1-1-	
	Independent	•	Minus	***		2	 -	X43=			X86=		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							∧43 =		OR	∨ 00=		
										OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***Total ADDIT. FEE ADDIT. FEE													
***	If the "Highest Nu The "Highest Num	mber Previously Pa ber Previously Paid	uid For (N TH) d For (Total o	S SPACE is Independe	s less tha ent) is the	n 3, enter "3." highest number			ropriate box		•		